

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 6

April 6, 2011

**SUBJECT: SEARCH WARRANT AND PROBABLE CAUSE ARREST WARRANT  
PROCEDURES - REVISED**

**EFFECTIVE: IMMEDIATELY**

**PURPOSE:** Internal Audits and Inspections Division (IAID) recently conducted an audit of *Special Order No. 7, Warrant Service/Tactical Plan Report Procedures - Revised; and Warrant Review Officer - Established*, dated February 27, 2009. The audit revealed that supervisors were not in compliance with their responsibilities with regards to reviewing the affidavit. This Order serves as a reminder that supervisors shall adhere to the Department Manual with regards to reviewing affidavits.

The audit also revealed that much of the language required for the Employee Comment Sheet, Form 01.77.00, regarding supervisory oversight duplicated a majority of the language already contained in the Warrant Service/Tactical Plan Report, Form 12.25.00. The purpose of the Employee Comment Sheet is to document the supervisor's performance and not to duplicate information already contained in the Warrant Service/Tactical Plan Report. This Order amends Department Manual Section 4/742.10, *Search Warrant and Probable Cause Arrest Warrant Procedures* and revises the requirements for the Employee Comment Sheet regarding supervisory oversight. Department Manual Sections 4/725.12, *Probable Cause Arrest Warrant*, and 4/742.30, *Supervision at Search Warrant Locations*, shall be referenced for additional responsibilities relevant to the search warrant and probable cause arrest warrant procedures.

**PROCEDURE: SEARCH WARRANT AND PROBABLE CAUSE ARREST WARRANT  
PROCEDURES - REVISED.** Department Manual Section 4/742.10, *Search Warrant and Probable Cause Arrest Warrant Procedures*, is revised as follows:

- I. SUPERVISOR'S RESPONSIBILITIES.** Supervisors are responsible for documenting the following additional information which has been added to the Warrant Service/Tactical Plan Report:
- \* Whether the supervisor was present throughout the entire search;
  - \* Whether the assigned supervisor ensured all involved personnel received a proper briefing prior to the service;

- \* Whether the supervisor ensured the proper documentation of any currency or valuables discovered during the search; and,
- \* Whether the supervisor ensured that a copy of the search warrant was left at the location.

**Note:** As a reminder, the reviewing supervisor **shall** place his/her initials and serial number on the lower right hand corner of each page of the original affidavit.

**The remainder of the section remains unchanged.**

**II. COMMANDING OFFICER'S RESPONSIBILITIES.** Commanding officers are required to complete an Employee Comment Sheet regarding the performance of the supervisor providing supervisory oversight (designated supervisor) at the service of a search warrant and shall include the following information:

- \* Identity of the designated supervisor assigned (e.g., name, rank, and serial number);
- \* Warrant location;
- \* Date and time of service;
- \* Whether the supervisor's actions during the service of the warrant were appropriate;
- \* Evaluate the performance of the designated supervisor(s) at each warrant location; and,
- \* Any other information deemed by the commanding officer to be pertinent to the designated supervisor's performance.

**Note:** As a reminder, commanding officers are required to sign and date the completed Employee Comment Sheet.

**The remainder of the section remains unchanged.**

**FORM AVAILABILITY:** The revised Warrant Service/Tactical Plan Report is available in E-Forms on the Department's Local Area Network. All other versions of this form shall be marked "obsolete" and placed in the divisional recycling bin. A copy of this form is attached for immediate use and duplication.

**AMENDMENT:** This Order amends Section 4/742.10 of the Department Manual.

April 6, 2011

**MONITORING RESPONSIBILITY:** All commanding officers shall have monitoring responsibility for this directive.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

A handwritten signature in black ink, appearing to read 'CHARLIE BECK', with a stylized, looping flourish at the end.

CHARLIE BECK  
Chief of Police

Attachment

DISTRIBUTION "D"

# Los Angeles Police Department

## Warrant Service/Tactical Plan Report

MULTIPLE DR NUMBERS ☐DR No. ☐ Arrest Warrant☐ Search Warrant

☐ Warrant No. \_\_\_\_\_ ☐ Day Service  
☐ Charge \_\_\_\_\_ ☐ Night Service  
☐ Holding Agency \_\_\_\_\_

**Briefing**

Location	Date	Time
Staging Location <input type="checkbox"/> Same as Briefing	Date	Time
Search for:		

**Warrant Service Location**

Address			Apt. No.	City	Phone No.	T.G. Page & Grid
Date of Service	Time of Service	Incident No.	Radio Frequency		<input type="checkbox"/> RD <input type="checkbox"/> (9999 Outside L.A.)	
Supervisor at Scene			Rank		Serial No.	
SWAT Officer at the Scene, if applicable			Rank		Serial No.	
Site Safety Officer (Hazmat, Bomb Squad, etc.), if applicable			Rank		Serial No.	
Nearest Emergency Treatment Facilities (Hospitals)				Is this a Trauma Center?		E.R. Phone No.
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

Investigating Officer/Case Agent	Rank	Serial No.	Division/Unit
Approving Supervisor (print or type)	Rank	Serial No.	Division/Unit
(Signature)	Date approved	<b>REMINDER:</b> Commanding Officer signature is required on <b>page 7</b> .	

## WARRANT SERVICE/TACTICAL PLAN REPORT

## Occupant Information

	No. of Occupants	Date of Intelligence	Additional Information
<input type="checkbox"/> Adult Males			
<input type="checkbox"/> Adult Females			
<input type="checkbox"/> Juvenile Males			
<input type="checkbox"/> Juvenile Females			
<input type="checkbox"/> Persons with Medical Problems			
<input type="checkbox"/> Dogs			
<input type="checkbox"/> Narcotics at Location			

## Suspect Information

<b>S-1</b>	Sex	Desc	Hair	Eyes	Height	Weight	DOB	Age	Name	Photo <input type="checkbox"/>	Arrested <input type="checkbox"/>
LA No.				CII No.		FBI No.			J No.		
DL No.				State		SS No.			BKG No.		
Gang Member? <input type="checkbox"/> YES <input type="checkbox"/> NO						Gang Affiliation:					
Rap Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO						Brief history/threat assessment:					
<b>S-2</b>	Sex	Desc	Hair	Eyes	Height	Weight	DOB	Age	Name	Photo <input type="checkbox"/>	Arrested <input type="checkbox"/>
LA No.				CII No.		FBI No.			J No.		
DL No.				State		SS No.			BKG No.		
Gang Member? <input type="checkbox"/> YES <input type="checkbox"/> NO						Gang Affiliation:					
Rap Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO						Brief history/threat assessment:					
<b>S-3</b>	Sex	Desc	Hair	Eyes	Height	Weight	DOB	Age	Name	Photo <input type="checkbox"/>	Arrested <input type="checkbox"/>
LA No.				CII No.		FBI No.			J No.		
DL No.				State		SS No.			BKG No.		
Gang Member? <input type="checkbox"/> YES <input type="checkbox"/> NO						Gang Affiliation:					
Rap Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO						Brief history/threat assessment:					
<b>S-4</b>	Sex	Desc	Hair	Eyes	Height	Weight	DOB	Age	Name	Photo <input type="checkbox"/>	Arrested <input type="checkbox"/>
LA No.				CII No.		FBI No.			J No.		
DL No.				State		SS No.			BKG No.		
Gang Member? <input type="checkbox"/> YES <input type="checkbox"/> NO						Gang Affiliation:					
Rap Checked? <input type="checkbox"/> YES <input type="checkbox"/> NO						Brief history/threat assessment:					

☐ Additional Suspects

(For additional suspects, use Continuation Sheet.)

## Surveillance of Location

YES ☐ NO ☐

Date/Time of Surveillance

No. of Hours

Date/Time of Surveillance

No. of Hours

## Vehicle Information

VEH	Suspects	Other	Yr.	Make	Model	Type	Color	Lic. No.	State	DMV
1	<input type="checkbox"/> S#(s)	<input type="checkbox"/>								<input type="checkbox"/>
2	<input type="checkbox"/> S#(s)	<input type="checkbox"/>								<input type="checkbox"/>
3	<input type="checkbox"/> S#(s)	<input type="checkbox"/>								<input type="checkbox"/>
4	<input type="checkbox"/> S#(s)	<input type="checkbox"/>								<input type="checkbox"/>

**WARRANT SERVICE/TACTICAL PLAN REPORT****Notifications****INTRADEPARTMENTAL**

Entity	Name	Rank	Date and Time Notified		By Whom Notified
<input type="checkbox"/> Metro					
<input type="checkbox"/> Communications*					
<input type="checkbox"/> I.S.D.					
<input type="checkbox"/> L.A. CLEAR					
<input type="checkbox"/> W/C					
<input type="checkbox"/>					
<input type="checkbox"/>					

\*Communications shall be advised when officers go at scene.

**OTHER**

Was Warrant Served Outside of the City of Los Angeles?

☐ YES ☐ NO

Was Outside Agency Notified?

☐ YES ☐ NO

Agency	Person Notified	Rank	Date and Time Notified		By Whom Notified

**LIST OF AGENCIES PARTICIPATING IN WARRANT SERVICE**

1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**Safety Equipment**

☐ Body Armor, Raid Jackets, etc.

☐ Other Specialized Equipment

☐ Fortification (List special equipment necessary, i.e., pry bar, tow truck, ram, etc.)



DIAGRAM

PREMISES

- ☐ Description of Premises
- ☐ Floor Plan
- ☐ Photos of Location (for Briefing Purposes)

## WARRANT SERVICE/TACTICAL PLAN REPORT

## ASSIGNMENT ROSTER

NAME		RANK	SERIAL NO.	DIVISION/ AGENCY	ASSIGNMENT DURING SERVICE OF WARRANT*	EQUIPMENT
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
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24.						
25.						
26.						
27.						
28.						
29.						
30.						
31.						
32.						
33.						
34.						
35.						

\*NOTE: List duties as "Supervisor" if he/she provides supervisory oversight only.

Any officer listed as a supervisor requires a C/O analysis on an Employee Comment Sheet.



## LIST OF OCCUPANTS DETAINED AT LOCATION

NAME	ADDRESS	DRIVER LICENSE (OR LIST SSN)	DOB	SEX	HANDCUFFED	DISPOSITION
1.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	

## Condition of Location

Pre-Search Supervisor Present \_\_\_\_\_

Pre-search Condition: \_\_\_\_\_

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Post-Search Supervisor Present \_\_\_\_\_

Post-search Condition: \_\_\_\_\_

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Supervisor Present Throughout Search? ☐ YES ☐ NO Name \_\_\_\_\_ Serial No. \_\_\_\_\_

Supervisor Briefed all Personnel? ☐ YES ☐ NO Name \_\_\_\_\_ Serial No. \_\_\_\_\_

Supervisor Documented Valuables Discovered during Search? ☐ YES ☐ NO Name \_\_\_\_\_ Serial No. \_\_\_\_\_

Supervisor Left Copy of Warrant at Scene? ☐ YES ☐ NO Name \_\_\_\_\_ Serial No. \_\_\_\_\_

**METHOD USED TO GAIN ENTRY:** \_\_\_\_\_**DAMAGE:** \_\_\_\_\_

Location secured by: Name \_\_\_\_\_ Serial No. \_\_\_\_\_

How secured? \_\_\_\_\_

## WARRANT SERVICE/TACTICAL PLAN REPORT

<b>LOCATION:</b>		
<b>VIDEOTAPE:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>USE OF FORCE:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>KNOCK NOTICE:</b>	<b>NAME:</b>	<b>SERIAL #:</b>
<b>PHOTOS:</b> <input type="checkbox"/> Y <input type="checkbox"/> N <b>BEFORE SEARCH</b> _____		<b>AFTER SEARCH</b> _____
<b>IF NO PHOTOS, EXPLAIN:</b>		
<b>DEBRIEFING LOCATION:</b>	<b>DEBRIEFING CONDUCTED BY:</b>	<b>DATE &amp; TIME:</b>
	<b>NAME</b> _____ <b>SERIAL #</b> _____	
<b>DEBRIEFING COMMENTS:</b>		
<b>TACTICS EVALUATION:</b>		
<b>POST EVALUATION OF EQUIPMENT USED:</b>		
<b>ADDITIONAL INTELLIGENCE:</b> (Officer safety factors such as, security cameras, barricaded doors, dogs, etc.) Specific to location.		
<b>MISCELLANEOUS:</b>		

A detailed analysis of each supervisor providing supervisory oversight (designated supervisor) at the service of the warrant shall be documented by his / her Commanding Officer on an Employee Comment Sheet, Form 01.77.00. An Employee Comment Sheet was completed for the following supervisor(s) at the scene:

Rank	Last Name	Serial No.
Rank	Last Name	Serial No.
Rank	Last Name	Serial No.
Rank	Last Name	Serial No.
COMMANDING OFFICER		Date